FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information																
Name and Mailing Address of																
		Ino														
Kennebec Telephone Co., Inc. PO Box 158													Check here if this			
													is a change of address.			
Kennebec, SD 57	544												auc	iress.		
2. Year Report Filed 3. Reporting Period (Ending Date of Pay Period Covered by Report) 4. Number of Full-Time Employees during Selected Reporting Period (check one):																
2018						Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)										
2010	ıary 28,	2018		b. 🗾 16	or more (com											
SECTION II - Full-Time Employe	988.															
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		panic or atino		Not-Hispanic or Latino											Total	
		au110	Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	A-N	
				Andridan	Pacific		Native			American	Pacific		Native			
					Islander						Islander					
	Α	В	С	D	E	F	G	Н	1	J	к	L	M	N	0	
Executive/Senior Level Officials and Managers	.1		1						1						2	
First/Mid-Level Officials and Managers 1	.2		3												3	
Professionals	2														0	
Technicians	3		2												2	
Sales Workers	4		1						1						2	
Administrative Support Workers	5								8						8	
Craft Workers	6		12												12	
Operatives	7		1												1	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL 1	0 0	0	20	0	0	0	0	0	10	0	0	0	0	0	30	
PREVIOUS YEAR TOTAL	11 0	0	19	0	0	0	0	0	9	0	0	0	0	0	28	

SECTION III - Part-Time Emp	love	90															
223 HOW IN - FOIL WING CHIL	. LOY BI	Number of Employees (Report employees in only one category)															
Job Categories		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
				Male							Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
		Α	В	С	D	E	F	G	н	ı	J	К	L	М	N	0	
Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1,2															0	
Professionals	2															0	
Technicians	3			ii .												0	
Sales Workers	4															0	
Administrative Support Workers	5									1						1	
Craft Workers	6															0	
Operatives	7			2												2	
Laborers and Helpers	8															0	
Service Workers	9			1						1						2	
TOTAL	10	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5	
PREVIOUS YEAR TOTAL	11	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8	
SECTION IV - Report of Disc	rimin	ation Compl	laints Pursua	nt to 47 CFI	₹ 22.321, 23.5	55, 90.168, 10 ⁻	1.4, and 101	.311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																	
(Attach a list indices SECTION V - Certification	ating	parties involv	ved, date filed	, courts or as	jencies before	which the ma	itter has bee	n heard, file n	umber or other	r designation	n, and current	status or dispo	osition.				
I certify that to the best of my I	nowl	adge, informe	ation, and beli	ef, all statem	ents in this re	port are true a	nd correct.		1								
Date	Туре	ed or Printed Name of Person Signing Signature Telephone No.															
04/23/2018	Ro	d Bowa	ır				4	11	16	12	2/		` ′	869-2220			
Title of Person Signing President/Manager					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												